

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

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NAME OF FILER (LAST) (FIRST) (MIDDLE)
Norby Christopher Seamens

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

72nd Assembly District

Your Position

Assemblyman

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2011, through December 31, 2011.

☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2011.

☐ The period covered is January 1, 2011, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☒ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this
I certify under penalty of perjury under the laws of the State of California that

Date Signed February 29, 2012
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Chris Norby
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▶ NAME OF SOURCE

California Healthcare Institute

ADDRESS (Business Address Acceptable)

888 Prospect St, Ste. 200, La Jolla, CA 92037

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Research Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 81.64	BioMed Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

CA Assn Sheet Metal/Air Cond Contractors Natl Assn

ADDRESS (Business Address Acceptable)

8880 Cal Center Dr, Ste 280, Sacramento, CA 95826

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 7 / 11	\$ 94.00	Reception and Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

CTIA-The Wireless Association

ADDRESS (Business Address Acceptable)

1400 16th St NW, Ste 600, Washington, DC 20036

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 23 / 11	\$ 96.92	Reception
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

BayBio

ADDRESS (Business Address Acceptable)

400 Oyster Point Blvd, Ste 221, So San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 1 / 11	\$ 81.64	BioMed Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

Council for Legislative Excellence

ADDRESS (Business Address Acceptable)

2150 River Plaza Dr, Ste 150, Sacramento, CA 95833

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 8 / 11	\$ 75.45	Dinner
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

EdVoice

ADDRESS (Business Address Acceptable)

1107 9th St, Ste 680, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Nonprofit Organization

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 16 / 11	\$ 61.16	Bd of Dir Luncheon
/ /	\$	
/ /	\$	

Comments:

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Chris Norby

► NAME OF SOURCE

California New Car Dealers Association

ADDRESS (Business Address Acceptable)

1415 L St, Ste 700, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Trade Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 29 / 11	\$ 107.52	Reception and Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Fieldstead and Company

ADDRESS (Business Address Acceptable)

PO Box 19599, Irvine, CA 92623

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Private Management Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 10 / 11	\$ 10.00	Beverages
8 / 10 / 11	\$ 60.00	Dinner
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

University of Southern California, Office of Protocol

ADDRESS (Business Address Acceptable)

837 Downey Wy, Ste 203, Los Angeles, CA 90089

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Private University

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 26 / 11	\$ 170.00	Football Tickets
11 / 26 / 11	\$ 174.00	Luncheon*
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Visa Inc.

ADDRESS (Business Address Acceptable)

1300 Connecticut Av NW, Ste 900, Washington DC

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Credit Card Company

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 4 / 11	\$ 63.80	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

Los Angeles County Fair

ADDRESS (Business Address Acceptable)

1101 W. Mckinley Ave, Pomona, CA 91768

BUSINESS ACTIVITY, IF ANY, OF SOURCE

County Fair

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
9 / 23 / 11	\$ 221.00	Fair Tickets
9 / 23 / 11	\$ 50.00	Parking Passes
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE

John Wayne Airport

ADDRESS (Business Address Acceptable)

3160 Airway Ave, Costa Mesa, CA 92626

BUSINESS ACTIVITY, IF ANY, OF SOURCE

County Airport

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 31 / 11	\$ 150.00	Airport Parking
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: Luncheon total was for 3 admissions @ \$58 per person

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Chris Norby

- You must mark either the gift or income box.
- Mark the 501(c)(3) box for a travel payment received from a nonprofit 501(c)(3) organization. These payments are not subject to the \$420 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE

American Legislative Exchange Council

ADDRESS (Business Address Acceptable)

1101 Vermont Ave. NW, 11th Floor

CITY AND STATE

Washington DC, 20005

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Nonprofit Organization

DATE(S): 8 / 5 / 11 - 8 / 6 / 11 AMT: \$ 2704.27
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE

EdVoice

ADDRESS (Business Address Acceptable)

1107 9th St, Ste 680

CITY AND STATE

Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☒ 501 (c)(3)

Nonprofit Organization

DATE(S): 12 / 15 / 11 - 12 / 16 / 11 AMT: \$ 294.55
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☒ Made a Speech/Participated in a Panel

☐ Other - Provide Description

▶ NAME OF SOURCE

Fieldstead and Company

ADDRESS (Business Address Acceptable)

PO Box 19599

CITY AND STATE

Irvine, CA 92623

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

Private Management Company

DATE(S): 8 / 10 / 11 - 8 / 10 / 11 AMT: \$ 349.00
(If gift)

TYPE OF PAYMENT: (must check one) ☒ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☒ Other - Provide Description

Reimbursement for airfare to attend meeting of the
Municipal Officials for Redevelopment Reform Board

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE

☐ 501 (c)(3)

DATE(S): ____ / ____ / ____ - ____ / ____ / ____ AMT: \$ ____
(If gift)

TYPE OF PAYMENT: (must check one) ☐ Gift ☐ Income

☐ Made a Speech/Participated in a Panel

☐ Other - Provide Description

Comments: _____